

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN300AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2009
NAME OF PROVIDER OR SUPPLIER MIRA LOMA GROUP CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4205 MIRA LOMA DR RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of A. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103	Y 103 a) Employee #3 has been told that they need a TWO STEP TB TEST. The first TB Test WAS DONE ON APR 6, 2009 AND COMPLETED ON APR 8, 2009 The SECOND TB TEST WAS DONE ON APR 13, 2009 AND WILL BE RECD ON APR 15, 2009 b) The Employee check list will be reviewed by both the Administrator AND THE ASSISTANT ADMINISTRATOR AT THE TIME OF HIRE DATE TO MAKE SURE THAT THE CHECKLIST HAS BEEN COMPLETED AND THAT ALL DOCUMENTS ARE CORRECT. THE Employee's files will be reviewed every three (3) MONTHS TO DETERMINE WHEN RE-CERTIFICATIONS OR ANNUAL TESTING FOR ANYTHING ON THE CHECKLIST IS REQUIRED. c) APR 14, 2009 RECEIVED APR 15 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	OK Revised Copen JB

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Gary Fink* TITLE *Administrator* (X6) DATE *Apr 14, 2009*
STATE FORM 6899 ZX8G11 If continuation sheet 1 of 3

Bureau of Health Care Quality & Compliance

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 4/2/09, the facility failed to ensure that 1 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #3) for the protection of all the residents. Severity: 2 Scope: 3	Y 103		
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who	Y 693		

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Y 693	Continued From page 2 requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. This Regulation is not met as evidenced by: Based on observation on 4/2/09, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 1 of 5 resident rooms bedroom #4). Severity: 2 Scope: 1	Y 693	Y 693 a) The Resident AND THE CAREGIVERS HAVE ALL BEEN TOLD BY THE Administrator AND THE ASSISTANT ADMINISTRATOR ABOUT THE SAFETY ISSUE ABOUT KEEP THE OXYGEN TANKS PROPERLY SECURED IN THE RESIDENT'S CLOSET. b) The CAREGIVER ON DUTY WILL CHECK AT LEAST Three (3) TIMES A DAY That All OXYGEN TANKS ARE PROPERLY SECURED IN THE CLOSET EACH DAY. THE ADMINISTRATOR WILL ALSO MAKE CHECKS ON THE OXYGEN TANKS BEING PROPERLY SECURED. c) April 3, 2009	RECEIVED APR 15 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA Call to Admin 5/14/09 to Planning Need for more and no new for 3rd child fine OK DB

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